

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State and Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Personal Representative: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of the Estate of: \_\_\_\_\_

Case Number PB \_\_\_\_\_

**CLOSING STATEMENT and  
PROOF OF MAILING/DELIVERY  
CLOSING STATEMENT**

\_\_\_\_\_  
(Name of the person who died)

I am the Personal Representative of this Estate, and I make these statements under oath.

1. **Appointment as Personal Representative.** I was appointed as the Personal Representative of this Estate on \_\_\_\_\_ (date), more than four months before the date of this Closing Statement.
2. **Notice to Creditors.** The Notice to Creditors was published according to law. The first publication occurred on \_\_\_\_\_ (date), more than four months before the date of this Closing Statement.
3. **Administration of Estate.** The Estate has been fully administered by making payment, settlement or other disposition of all expenses of administration, and all taxes and claims that have accrued against the Estate with the following exceptions: (List the exceptions.)  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **Distribution of Assets.** I have distributed all of the assets of the Estate to the persons entitled to distribution.
5. **Mailing Closing Statement.** I am sending a copy of this Closing Statement to all of the people to whom I distributed property of this Estate, to all people whose interests are affected by the administration of the Estate, and to all creditors or other claimants whose claims against the Estate are not barred or were not paid.
6. **Accounting.** I have mailed or delivered a copy of the full written accounting of the Estate to the people whose interests are affected by the administration of the Estate, including guardians ad litem, conservators and guardians.

7. **Claims.** With respect to any claim listed above in paragraph 3 that has not been paid and that is not barred, I have distributed the Estate subject to possible liability, with the agreement of the

distributees, or the following arrangements have been made to accommodate outstanding liabilities: (List arrangements.)

\_\_\_\_\_  
**Signature of Personal Representative**

STATE OF ARIZONA    )  
County of \_\_\_\_\_ )ss.

I, being duly sworn, state that I am the Personal Representative for the above Estate, and that the statements in the Closing Statement are accurate and complete to the best of my knowledge and belief. I also state that a copy of this closing statement was mailed to the following individuals on the date(s) and at the address(es) below.

\_\_\_\_\_  
**Signature of Personal Representative**

This Closing Statement was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by the above named person.

My Commission Expires:

\_\_\_\_\_  
**Signature of Notary Public**

A copy of the Closing Statement  
was mailed to the following individuals:

Name	Address	Date Mailed/Delivered
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_____	_____	_____
_____	_____	_____
_____	_____	_____